

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY**

**Request for Authorization Certification Form
(Construction Dewatering)**

Administrative Certification Date

Any applicant who requests authorization under the New Jersey Pollutant Discharge Elimination System (NJPDES) General Permit No.NJ 0134511 is required to ensure that the discharge to be authorized by this general permit complies with all applicable requirements of this permit and has certified this in writing. An original copy of this certification shall be submitted to the Department at least 14 days prior to discharging.

Please complete the certification to request authorization under the General Discharge Permit for Construction Dewatering:

a) Name of entity authorizing the work (e.g. company, public agency) resulting in the discharge to surface water

Taxpayer ID# or Social Security #

Contact Person

Parent Company Name

b) Name and title of a principal officer in the company or of a specified official in the municipality

c) Permanent Legal address

Telephone number

Fax Number

d)The scheduled date(s) of the discharge event(s)

e) Project Description (e.g. facility name, sic code if applicable, type of construction dewatering activity)

f) Approximate quantity or flow rate, as appropriate, of the discharge

g) Number of well points

h) Approximate duration of the discharge

i) Location(s) (street name(s) or street address (as appropriate), municipality, and county) of the discharge

j) The receiving waters to which the discharge is directed, including the method of transport (i.e., via storm sewer, ditch, tributary, etc.)

k) All Best Management Practices to be used

l) List any temporary treatment units utilized at the site (including holding tanks)

m) Describe designated discharge point

n) Confirm in writing that the sample results of the proposed discharge as well as the corresponding turbidity benchmark established are attached to this certification as required by this permit.

I, the undersigned, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information..

Signature of Authorizing Entity
(Principal Officer or Specified Official
other than authorized agent)

Type Name/Title

Date of Signature

(6/99)